

tals, by constant informative publicity and an enlightened public sentiment have so far been unusually successful in preventing backward steps in many hospitals and other agencies of scientific medicine. There is practically no *legal* control over most of the medical agencies, including hospitals.

There is one state board that has by law a limited control over certain classes of hospitals. The personnel of this board varies with the wishes of any Governor of the state. Without the slightest reflection upon any of its members, it may be fairly stated that none of them has the special knowledge and experience necessary to supervise or lead well planned hospital progress. For the same reason they are not well enough prepared to exercise the control that should be applied to all medical agencies.

There is also a Department of Institutions with a non-medical director who holds office at the pleasure of the Governor, which has much to say about all state hospitals. The Board of Control (a non-medical body) by holding the purse strings quite effectively controls all forms of state medical work.

#### UNENVIABLE POSITION OF BOARD OF HEALTH

The State Board of Health has limited control over the nursing educational feature of all hospitals engaged in such work. As many of the larger and better hospitals maintain schools of nursing, the requirements set by the health board should be quite influential.

However, right here we strike an interesting snag in our otherwise encouraging program. It so happens that the present members of the State Board of Health are all educated physicians. They are appointed by the Governor for certain definite periods, after which they hold office at his pleasure. They are also limited in their ability to maintain standards of nursing education by the vagaries of our peculiar laws. One of these laws, according to a recent ruling by the Attorney General, prohibits the board from refusing accredited standing to a school of nursing because the hospital admits inadequately educated "doctors" to its services. *There are hospitals with schools of nursing accredited by the board of health in which it is admitted that inadequately educated healers are practicing the healing art.*

Out of this situation has grown what many call the "drugless nurse" idea which is destined to travel far. Various groups of the licensed drugless healers are jubilant over the fact that they may have a hand in influencing the education (?) of nurses.

What a spectacle!

The Board of Medical Examiners, within the provision of an inadequate law, controls the licensing of educated physicians, drugless practitioners, midwives and chiropodists. They have certain disciplinary powers over their licentiates.

Boards of Osteopaths and Chiropractors control the licensing of "graduates" from their "colleges." The Pharmacists and Optometrists have their boards, and as stated above nurses are controlled to a certain degree by the health board. *There is no legal control whatever over x-ray, pathological and clinical laboratories, nor several other important agencies of medicine.*

So from the standpoint of legal control of

the many agencies of health, California presents a sorry plight; the public being largely unprotected from incompetence, imposition and fraud.

However, the moral forces listed above have been so effective and so well sustained that there are less than five hospitals in the state operated for the inadequately educated. There are less than a dozen out of over 500 hospitals where any but educated physicians holding the academic degree of Doctor of Medicine may practice. Strenuous efforts have been and are being made in places to break down these moral forces, as recently illustrated in the Murphy Memorial Hospital debacle and the fight over the Long Beach Community Hospital. It can't be done, so long as the educated physicians remain honest with themselves and their patients.

ANY OF THE DIPLOMA MILL AND NEAR-DOCTOR GROUPS MAY BUILD AND OPERATE AS MANY HOSPITALS AS THEY PLEASE WITHOUT OPPOSITION FROM EDUCATED PHYSICIANS OR THE LAW AS IT NOW STANDS. BUT THEY WILL NOT BE PERMITTED TO PRACTICE THEIR CULTS IN SCIENTIFIC MEDICAL AGENCY HOSPITALS, AND THE TWO KINDS OF HOSPITALS CAN NO MORE BE SCRAMBLED THAN CAN A TRUE PHYSICIAN AND A CULTIST FIND COMMON GROUND UPON WHICH THEY CAN CO-OPERATE.

#### THE PLACE OF THE CLINICAL LABORATORY IN THE PRACTICE OF MEDICINE

Our "special article" in this issue (page 537) is upon a subject of vital concern to every public health and personal health physician. Doctor Woolley, from his broad experience as teacher and research worker and consulting pathologist, has projected interesting phases of the laboratory problem for earnest thought.

Not the least important phase of the laboratory problem is its expense to the patient or the community. This must be kept within reasonable bounds, as it may well be if we will utilize the pathologist as a consultant and require only such laboratory work as is essential.

#### THE HEALTH CENTER IDEA

Since the so-called modern health center was conceived and developed during the war, the idea has traveled a curious and a twisted road. The first part of this road was attractive and enthusiastically negotiated. Then the idea began to be twisted and turned, redefined, reclassified, and re-exemplified in "Health Centers" of many varieties, in many places, with many sorts of management. There came a time when the road began to be rocky and strewn with difficult boulders until during the last few years and months many of these theoretical panaceas have disappeared, others have changed their names and methods of activity, and others still occupy offices on dusty streets, with windows that have not recently been cleaned and which, in some instances, are still pasted with fly specks and war posters.

Apparently, a few "health centers" that were or-

ganized along sound lines by converting an alluring theory into practical idealism, have continued to do effective work and to grow in respect and confidence of a certain percentage of physicians and of the non-medical public. The original idea of the "health center" was one of those beautiful theories which appealed to everyone and seemed easy of accomplishment. It was known that the hundreds of legitimate as well as useless health organizations were expensive, overlapping in function and oftentimes directly injurious to each other. The idea of the health center was to amalgamate at least the worthwhile groups of these organizations into one body by an interlocking directorate with common executive officers, common funds, and one common source for the direction of all activity. If such an idea could have been carried out, it would have been a wonderful thing, but like many other theories it violates too many of the instincts of ordinary human nature to make it widely workable.

At the present time the term "health center" is getting a very bad name, not only by large numbers of physicians, hospitals and other health agencies, but also by a large percentage of the public in general. And it may be confidently predicted that within a comparatively short time "health center" will have disappeared from use. This, of course, is inevitable with any slogan that has as many definitions as there are people working with the idea and where most of these definitions have an interested application that is not always to the best interest of the public.

The vast majority of "health centers" have long since departed almost entirely from the original thought in the mind of the original promoters. Most of them are now hardly more than conference offices of groups interested, and more or less periodically active, in some one narrow phase of health. Others add, where they can, the practice of medicine, usually one narrow branch of medicine, and they hold office hours at irregular intervals.

The movement as a whole is no longer important enough to warrant serious consideration, but while they continue to operate, public health authorities should insist that they at least be required to occupy clean, well-ventilated space.

#### THE DIAGNOSIS OF DISEASE BY MECHANICAL DEVICES

Many commendatory letters and some criticism of the stand CALIFORNIA AND WESTERN MEDICINE has taken against the practice of medicine by inadequately educated unlicensed persons and government agencies, using scales, measuring-rods and tables of averages to make diagnoses, have been received and otherwise reported to us. The criticism was anticipated, and it was hoped that it would come.

A few of the personally interested critics want to know where we get supporting evidence for our position, and state that all the literature they have seen commends their work. From a large amount of scientific literature, as distinguished from the propaganda many of these earnest workers believe as they do the Bible, we will quote only two:

The Metropolitan Life Insurance Company,

which must work right or lose money in the health field, after careful and painstaking investigation conclude in effect that *the only diagnosis of value is the one made after thorough personal examination by an educated physician.* Their work also shows that it requires just as much intelligence and skill to safely inform a person that there is nothing the matter with him as it does to classify or diagnose his diseases.

The British Medical Research Council has been for some years carefully and exhaustively studying the various mechanical methods of determining physical fitness. Their work is still going on, but progress reports come out from time to time, and some of these are already conclusive. Commenting editorially on the work and findings of the Research Council, as well as other investigators, the London Lancet says:

"The results of certain investigations conducted during the war gave rise to the hope that, by an appropriate treatment of measurements long familiar to physical anthropologists and physicians (measurement of body dimensions and of vital capacity), it might be possible to obtain simple and widely applicable methods of assessing physical condition. The Medical Research Council have collected then and since much data with the object of throwing light on this point, and though the whole of this material has not yet been analyzed, a sufficiently large sample has given negative results. Inquiry as to whether any other less familiar system of measurements or tests might serve to found a rational and accurate mode of judging goodness or badness of physique had led to equally disappointing results. **It seems now to be established on grounds of an analysis of measurements of young adult males, in adult women, and schoolboys of various ages and social class that the inherent variability of vital capacity within homogeneous groups of apparently healthy persons is so great that inference from deviations above or below the normal of a particular combination of measurements will rarely be of service in the assessment of individual cases.**"

The bold-faced part of this important quotation covers quite well the opinion of the vast majority of educated, experienced physicians who are in a position to speak without the possibility of having their motives questioned.

#### INCORPORATING THE HOSPITAL

Not satisfied with securing laws that allow them to license themselves to practice medicine, certain insufficiently educated "near doctor" groups are quite active in attempts to require hospitals to accept their licenses in lieu of education as credentials to practice in these hospitals. Hospital owners and directors are at last becoming aroused over the situation and are instituting preventive measures.

So many requests for information and assistance are being received that we are republishing here with an editorial from the October, 1921, issue of Better Health.

"We are in receipt of numerous requests for copies of Articles of Incorporation for hospitals of various types that will properly safeguard scientific standards and promote better medicine. Of course, there must be some variation in the Articles of Incorporation, depending upon the character of the organization and purposes of the institution. However, there are certain fundamental principles that should be embodied in the Articles of Incorporation of every hos-